

EDNET IVC USOE-UEN TRAINING REGISTRATION

Name_____

Institution_____

Title_____

Work Address_____

_____Phone_____

Email_____

Fax_____UEN #_____

Please return this form to:
George Miller, Utah State Office of Education
Box 144200, Salt Lake City, Utah 84414-4200
801-538-7790
george.miller@schools.utah.gov



Today's Date_____

Training Location today_____

Type of Training Facilitator Pub.Ed Conc. Enroll Higher Ed
☐ ☐ ☐ ☐

Please check one or more as directed

My Role on our EDNET IVC Team is.....

- ☐ A Teacher
- ☐ A Facilitator
- ☐ A Site Coordinator
- ☐ An Administrator



EDNET IVC Class(es) that I will be teaching/facilitating/coordinating:_____

Previous Training Received (Date and type?)_____

Comments_____

For office use only.

Training Information entered into _____USOE and _____UEN Databases

Hours of Training Awarded this training: _____Hrs. Earned

Previous training listed on Database: _____Hrs. Prev

EDNET/IVC Training Certificate Yes No
Total Hrs: Hrs. Date_____